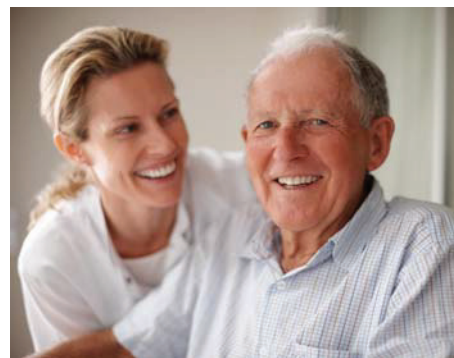




Preventing Opioid Overdoses in Residential Care

In April 2016, the Provincial Health Officer declared a public health emergency under B.C.'s *Public Health Act* in response to an unprecedented number of opioid overdose deaths across the province.

In December 2016, in order to ensure that licensed community care facilities providing residential care to persons at risk of opioid overdose take appropriate steps in both prevention and response to overdoses in their facilities, the Director of Licensing issued a Standard of Practice - Preventing Opioid Overdose Deaths. The standard has been included for your reference.



The standard indicates:

- Operators of licensed community care facilities that provide care to persons who are at risk of an opioid drug overdose must obtain and maintain a supply of Naloxone for emergency use in the event that a person in care suffers from a drug overdose.
- Operators must receive training in the administration of Naloxone from their pharmacist, and must ensure that their staff also receives appropriate training to administer Naloxone and to provide first aid appropriate to the situation. Operators must also ensure that trained staff are available at all times to administer Naloxone to persons in care when persons in care are on the premises of the licensed facility or away from the premises and remain under the care of facility staff. [The operator who receives the training may be the individual responsible for supervising staff who then, in turns, trains employees at the facility].
- Operators must ensure that when Naloxone is administered first aid, including artificial respiration is provided, and that 911 is called immediately.
- Operators must report any administration of Naloxone as a reportable incident under the category of Poisoning which is defined as "... the ingestion of a poison or toxic substance by a person in care".

With regard to the administration of any medication, Section 70(1) of the Residential Care Regulation requires:

Administration of medication

70 (1) A licensee must ensure that only medications that have been prescribed or ordered by a medical practitioner or nurse practitioner are administered to a person in care.

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There are two options for facilities to comply with the standard and meet the requirements of the RCR if they are caring for persons who are at risk of an opioid drug overdose:

1. Obtain naloxone through a standing order [through medical practitioner or nurse practitioner]; or,
2. Apply for an exemption to Section 70(1) of the RCR specifically to Naloxone. To ensure that the regulation is not a barrier to persons in care receiving naloxone under Section 70(1) of the Residential Care Regulation, Island Health Licensing has developed an expedited exemption process. To apply for this exemption, the Licensee completes a one page form, sends it to their funding source for support [where applicable] and then faxes the form directly to their regions Medical Health Officer.

Licensees can apply for the expedited exemption request by contacting their Licensing Officer and requesting exemption forms for their region.

Update to the Risk Assessment Tool

The Community Care and Assisted Living Act and Regulations promote the health, safety, and well-being of persons in care. The threshold set by the legislation is the minimum acceptable level; any non-compliance poses a potential risk of harm to persons in care.



A revised provincial risk assessment tool was released across B.C. in 2012 and was developed by the Ministry of Health in partnership with all five health authorities. In 2014 the Health Authorities and the Ministry of Health conducted a joint process evaluation on the implementation of the Risk Assessment Tool. Based on the data analysis and Licensing Officer survey the Risk Assessment Tool has been updated. The updated Risk Assessment Tool will be implemented April 1, 2017 province wide.

A risk assessment is completed by your licensing officer after each routine inspection. The risk assessment begins with a review of the facility's compliance with the *Community Care and Assisted Living Act*, the Residential Care Regulation and the Director of Licensing Standards of Practice based on the routine inspection.

Most of the updates focus on Part A "Inspection" which expands on the definitions to provide more clarity for Licensing Officers when completing the tool. However, there is a change to Part B "Operational History" that will impact how scores are assigned in some cases:

- Under Section 13 and 14 of the *Community Care and Assisted Living Act*, the Medical Health Officer has the power to take action on a facility licence. Action includes:
 - o Placement of terms and conditions on the facility licence.
 - o Vary existing conditions on the facility licence.
 - o Suspend or cancel the facility licence.
- If action has been taken on the facility licence, the total History Score for Part B should be assigned as the maximum score available: reportable incidents **5**, inspection and monitoring **5** and investigations **10**. This score is in place for three years from the date the action was taken.

If you would like a copy of the updated risk assessment tool please contact your Licensing Officer.

Posting of information on the Licensing website

As you are aware, routine and complaint inspection information is available on the Licensing website <http://www.viha.ca/mho/inspections/>. Previously, Licensing requested permission to post the Manager's name, facility address and telephone number to the web site. This information is routinely releasable under privacy laws so Licensing will no longer be requesting permission to post this information for new facilities. For existing facilities, if you would like to change the way your information shows up on the webpage, please contact your Licensing Officer.

Update – Electronic Incident Report System

Version 3 of the e-incident reporting system has been operating since January 2017 and is working well. With version 3 comes some important improvements:

1. Each care facility will use its own, private password that is created by users.
2. Passwords can be changed, and forgotten passwords can be corrected.
3. Incidents can be saved and retrieved to submit at a later time.

The system is now available to all categories of residential care. If you are not utilizing the system and would like to get set-up, please contact your Licensing Officer for assistance.



Physical Activity and Falls Prevention

“Mr. Smith, this is Mary and I am your wife’s nurse today. I am very sorry to tell you that your wife has fallen and we are concerned that she may have broken her hip”

This is a phone call everyone who works in Residential Care dreads having to make. A fall can have such a devastating impact on the health and well-being of our residents. The damage can range anywhere from no injury, short term injury, long term injury and even death. A fall can lead to residents to require more care and being able to do less for themselves.

There are many interventions that we commonly use to try to prevent falls or minimise the risks of falls but one of the most important ones is for us to encourage our residents be as physically active as possible for them. Sometimes it is easier for us to assist them up out of their chair rather than let them do it themselves, or use a wheelchair to take them to the dining room; as we are pressured for time and it is easier or quicker. Or we think we are being kind and helpful. But the adage “use it or lose it” is very true here.

We need to be encouraging our residents to exercise their joints and use their muscles as much as we can. Scheduled exercise classes may not always be available at all residential care sites or may not appeal to all residents. We need to find ways to encourage activities that help improve muscle strength, flexibility and balance that suit the individual resident, whether it is in a group or individually. We could look at incorporating strength, balance or flexibility activities into our care provisions, so that it isn’t just one more thing we have to do, but is part of what we do already.

Falls can rob a resident of their ability to walk on their own, and this can have a negative impact on their quality of life. Encouraging and making it possible for our residents to be as physically active as possible can help them physically, emotionally and cognitively and in the end may go a long way in preventing us from ever having to make that dreaded phone call.

Article contributed by Heather Fudge

Heather Fudge is a Clinical Nurse Specialist for Seniors Strategy and Tertiary Mental Health and has been a Falls Lead for Island Health for a few years now. Heather is retiring at the end of May after 45 years in health care. She is very passionate about falls prevention for seniors wherever they are living, as a fall can rob someone of their quality of life and can have such a negative impact on their last years. Falls affect our residents, their families and our staff.

You Were Asking

Our facility has an outside nurse (from VIHA but not facility employee) that administers a monthly injection. The nurse is from the mental health ACT team and comes into the facility for various supports. Is this nurse considered an employee and if they are, what documentation does the facility need to have on site? What about private care providers?

Several scenarios could apply to this question:

1. If the individual is a HSCL Nurse, Physio, Registered Nurse or someone falling under the *Health Professionals Act*, who has a College and who is attending the facility for a specific reason pertaining to their professional skills [injections, dressing change, etc.]: HSCL nurse and other health care professionals do not fall under the *Community Care and Assisted Living Act* definition of an employee --“Employee includes a person providing services under contract or other person ordinarily present at a community care facility but does not include a person in care.”
2. Someone falling under the Health Professionals Act and who has a College who is attending the facility for a greater length of time, not necessarily for one express purpose: This would need to be looked at on a case by case basis, including the unique circumstances around this person’s presence at the facility to determine if they would meet the definition of ordinarily present.
3. An individual who is a volunteer or contracted by the Licensee to provide care to persons in care. If an individual is providing care at the direction of the Licensee, they are considered to meet the definition of an “employee” under the *Community Care and Assisted Living Act*. This includes paid employees of the site and volunteers providing care. The Licensee should have the appropriate paperwork on file for these individuals.
4. An individual contracted by the family of the person in care to provide care to a person in care. If there is a private care provider, hired by someone other than the Licensee, the Licensee is ultimately responsible for this person’s actions when in the facility and compliance with the *Community Care and Assisted Living Act* and Residential Care Regulations. Therefore, the Licensee should develop internal policies around private care providers. This policy may include who is responsible for collecting employee documentation, what documentation the Licensee requires for private care providers to be onsite such as Criminal Record Checks, any expectations/limitations and other policies and procedures that Licensee requires a private care provider to follow. The policy may also include what actions will be taken if there is a problem with a private care provider within the facility.

For VIHA Region-wide Updates:

South Island

#201-771 Vernon Avenue, Victoria, BC V8X 5A7, PH: 250.519.3401, FAX: 250.519.3402

South Island Training:

Orientation to Licensing for New & Pending Managers of Residential Care Facilities

Dates: Call for Information on dates in 2017. Space in each session is limited to 15 participants.

Central Island

#29-1925 Bowen Road, Nanaimo BC V9S 1H1, PH 250.739.5800, FAX: 250.740.2675

North Island

#200-1100 Island Highway, Campbell River BC V9W 8C6, PH: 250.850.2110, FAX: 250.850.2455

Central/North Island Training:

Orientation to Licensing for New & Pending Managers of Residential Care Facilities

Call 250.739.5800 for information on dates for 2017.